Department of Health
Early Intervention Services

Performance Report

Performance Period July 2003-September 2003

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from July through September 2003.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide. Plans to address service gaps are provided.

- *Personnel:* Information on personnel, by island and statewide, is collected to determine whether there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers who have weighted caseloads of no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided by or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths of the early intervention system for July to September 2003 are summarized.

Enrollment

Early Intervention Section

Monthly enrollment data for infants and toddlers served by EIS from July through September 2003 are:

Table 1. EIS Monthly Enrollment Data

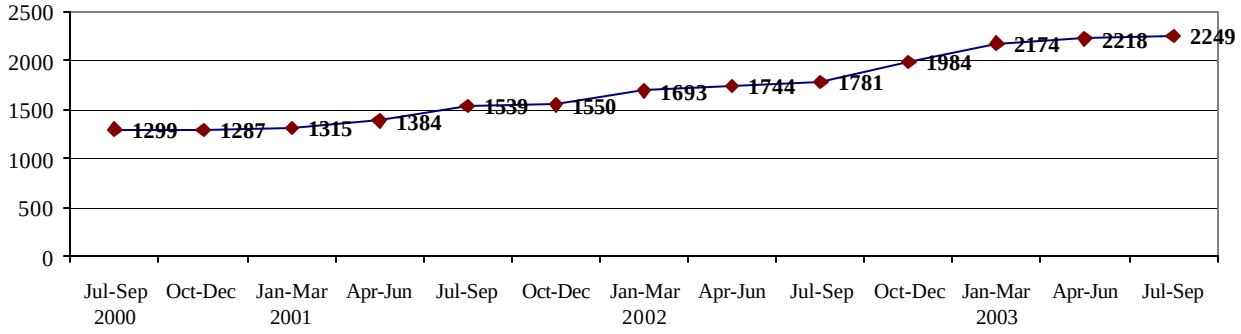
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
July 2003	2336	1622	266	269	124	48	7
August 2003	2164	1467	236	279	131	46	5
September 2003	2246	1546	234	284	127	49	6

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs, and Public Health Nurses.

Although enrollment for September was less than that for July, the increase in early intervention enrollment continues (see Graph 1 below). The growth can be attributed to the on-going child find activities that include increased public awareness efforts throughout the state such as increased participation in health fairs and other community activities. Information on child development and how to access developmental support is also provided. Increased collaboration with pediatricians and family practitioners to ensure they are knowledgeable about Part C eligibility and early intervention has resulted in increased referrals to Hawaii Keiki Information Service System (H-KISS). In addition, the increased collaboration among all early childhood providers has expanded the knowledge of early intervention statewide, and again, resulted in new referrals. Finally, the expanded hospital screening by Healthy Start providers and the funding of new Early Head Start programs result in more children who are identified with developmental delays and referred for early intervention services.

The quarterly enrollment (average monthly enrollment for the quarter) since July 2000 shows the increasing trend in number of children served:

Graph 1. EIS Quarterly Enrollment from July 2000 to September 2003



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for July 2000 – June 2001. From July 2001 more complete data were available from PHNB.

Healthy Start

The most recent Request for Proposal (RFP) process resulted in the first competitive bid process where historical and sole POS agencies were not awarded the contract. Awards for home visiting on Maui and Oahu, and early identification on Oahu were protested. Healthy Start was therefore in a period of transition this quarter. During July, the historical Oahu Purchase of Service Provider (POSP) for Early Identification (EID) services continued providing services, although less completely, until final resolution of its protest. This resulted in July rates for screens, assessments and referrals decreasing significantly. The new Oahu POSP began EID service August 1, 2003. However, low rates, particularly for assessment, continued in August and September. Issues included the uncertainty of final protest resolution and ability to immediately begin with full implementation and the transition of families to home visiting in general on Oahu. In addition, in late August, Kaiser Permanente informed the EID POSP that they no longer recognized the Department of Health's general public health authority to conduct in-hospital population-based screening/assessment to identify environmentally at-risk families as part of the Department's general public health oversight. EID activities at Kaiser will be resumed upon signing of an agreement, which is nearing completion.

The new POSP for home visiting waited for finalization of the historical POSP's protest over the award of one home visiting location, contributing to lower home visiting referral rates. The new POSP was able to hire approximately 50% of the staff from the previous POSP. Training for the remaining staff to work with families was delayed while the new training POSP was working through the steps necessary to become credentialed. This same scenario was replicated on Molokai, although the impact on overall rates was less than that for Oahu. In addition, under-reporting of enrollment may have occurred with implementation of a new data system, Child Health Early Intervention Record System (CHEIRS), which had delays in implementation and needed system modification.

Birth rates for Hawaii are as follows:

July	1,217 births
August	1,143 births
September	1,170 births

Monthly enrollment data for infants and toddlers served by Healthy Start for July to September 2003 are:

Table 2. Healthy Start New Enrollment Data

Month	New Enrollment*	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
July	167	115	18	13	15	6	0
August	101	47	22	12	16	4	0
September	108	49	19	8	23	7	2

* Does not include prenatal enrollments.

The new enrollment numbers decreased during the quarter due to the factors described above. After the initial transition and the stabilization of these factors, enrollment figures are expected to increase to within normal range.

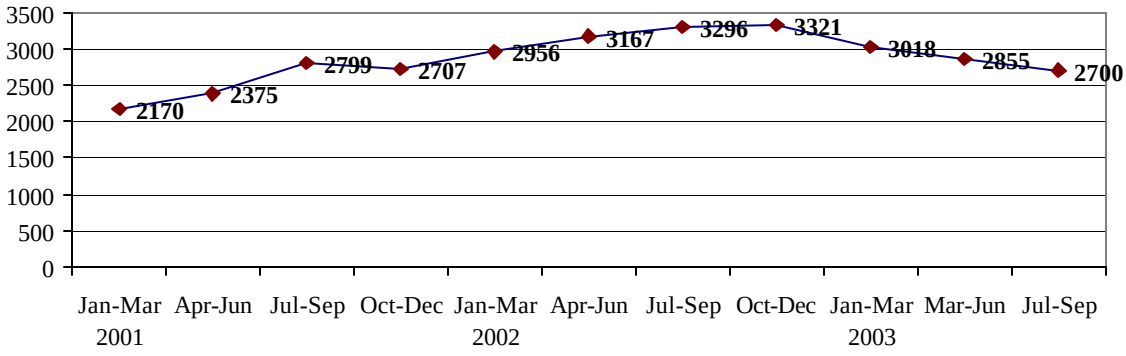
Table 3. Healthy Start Active Enrollment Data

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
July	1636	751	311	177	200	135	62
August	2390	1476	325	184	214	124	67
September	2504	1574	323	184	232	124	67

Monthly active enrollment also fluctuated during the first quarter of fiscal year 2004. As explained earlier, the declines may have resulted from the transition from one POSP to another, coupled with under-reporting with the new data system. It is expected that this situation will stabilize and improve, with rates for the second quarter back within normal range.

The quarterly averages since January 2002 show a decreasing trend in number of children served:

Graph 2. Healthy Start Average Quarterly Enrollment from January 2001 to September 2003.



There is no clear factor attributable for this trend, although birthrate and voluntary acceptance rate have a clear impact on the number of children being served. The Quality Assurance Specialist will continue to work with programs to improve acceptance rates, staff retention, and program performance.

Service Gaps

The tables below provide information on service gaps for EIS and Healthy Start for July - September 2003. Service gaps are divided into two types: full service gaps (Table 4) where no services were provided to the child and partial service gaps (Table 5) where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there may be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Table 4. Full Service Gaps by Month

Service Gap	July	August	September
Occupational Therapy	0	1 (Oahu)	1 (Oahu)
Physical Therapy	1 (Hawaii)	1 (Oahu) 2 (Hawaii)	0
Psychological Services	0	0	0
Special Instruction	0	0	0
Speech Therapy	0	2 (Oahu)	1 (Oahu)
Individual Behavioral Support Services	0	0	0
Home Visiting	0	0	0
Developmental Evaluation	0	0	0
Full Gap Total	**1***	**6****	**2*****

* 1 child had 1 service gap.
** 3 children had 2 service gaps.
*** 1 child had 2 service gaps.

Full service gaps increased in August due to a variety of reasons. Several children received all services at a community preschool, and when the preschool was closed several weeks in August, the services were not provided. In another case, a child was referred to another early intervention program, but due to staff on vacation, services were postponed until September. In all cases, when providers are unavailable for short periods, information is provided to families on how they can best support their child's development; and when providers are unavailable for longer periods, arrangements are made for services through other providers.

Table 5. Partial Service Gaps by Month

Service Gap	July	August	September
Occupational Therapy	8 (Oahu)	0	0
Physical Therapy	3 (Oahu)	6 (Oahu)	1 (Oahu)
Psychological Services	3 (Oahu)	3 (Oahu)	0
Special Instruction	0	0	0
Speech Therapy	5 (Oahu) 10 (Hawaii)	2 (Oahu) 6 (Hawaii)	2 (Oahu) 4 (Hawaii)
Individual Behavioral Support Services	1 (Oahu)	0	0
Home Visiting	0	0	0
Evaluation	0	1 (Oahu)	1 (Oahu)
Partial Gap Total	**30***	**18****	**8*****

* 30 children had 1 service gap each.
** 18 children had 1 service gap each.
*** 8 children had 1 service gap each.

The number of partial service gaps for the month of July increased from the April-June 2003 quarter (June = 19 gaps) because there was: 1) an Occupational Therapy (OT) vacancy at an Early Childhood Services Program (ECSP) on Oahu; 2) a Physical Therapy (PT) vacancy at an ECSP on Oahu; 3) a Psychologist vacancy at a Purchase of Service (POS) program on Oahu; and 4) the need to hired an additional speech-language pathologist in Hilo due to the increased number of children served with speech delays. Even with the PT vacancy, the availability of contracted physical therapists minimized the physical therapy gaps on Oahu during the month of July.

The most noticeable change during the month of August was the filling of the Occupational Therapy position, which reduced the OT gaps to zero. Also in August, even though a physical therapy position at one of the ECSPs was filled, there was another vacancy at a different ECSP.

Service gaps decreased in September as a number of children transitioned to the Department of Education (DOE) and the Psychologist position at the POS program was filled.

The main reason for service gaps continues to be vacant positions, both at ECSP and POS programs. On neighbor islands, due to the fewer number of available therapists it is more difficult to both recruit for open positions as well as identify and utilize fee-for-service providers to support increased needs.

EIS and early intervention programs continue to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the Individualized Family Support Plans (IFSP). While the majority of children enrolled in early intervention programs receive transdisciplinary services, this service option is not appropriate for some children. Service delivery decisions are based on the individual needs of each child and must be made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method continues to be provided to ensure that recommended IFSP services are appropriate.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions provide administrative functions and are included in the data on administrative positions. At the end of the September 2003, 38 of the 44 social work positions that provide care coordination services, or 86%, were filled. However, recent interviews have resulted in the Maui social work position filled as of 10/15/03, and an Oahu social worker position filled and with a start date of 11/13/03. Of the four remaining Oahu positions, one person was recommended but has not yet decided, there were declines for two positions, and no one on the list interested in the fourth position. Recruitment for these positions continues with requests for new lists submitted to Personnel for the three vacant civil service positions. With the start of the two confirmed positions, there will be a total of 40 or 91% filled, which meets the goal of 90% filled.

The following table provides information on the 44 social work positions that provide care coordination services, by island and statewide:

Table 6. Percentage EIS Social Work (SW) Positions Providing Care Coordination and Filled, by Island, as of September 2003.

Island	SW Positions Total #	SW Positions Filled #	SW Positions Filled %
Oahu	29	24*	83%*
Hawaii	7	7	100%
Maui	5	4*	80%*
Kauai	3	3	100%
Total	**44**	**38***	**86%***

* One additional position on Maui was filled on 10/15/03, increasing the proportion filled to 100%. One additional position on Oahu will be filled on 11/13/03, increasing the Oahu proportion filled to 86%, and statewide to 91% .

Not included in the above table are the following positions funded through POS contracts: 1) A 0.5 FTE social worker/care coordinator position for Molokai's Ikaika program; 2) A 0.5 FTE social work position for Salvation Army; 3) A 1.0 FTE social worker for Imua on Maui; and, 4) A 1.0 FTE position for the newly funded Kapolei POS program on Oahu. Funds were included in the Ikaika (Molokai), Salvation Army and Kapolei programs as there are no designated DOH social work positions assigned to these programs. Funds were included in the Imua contract to support the increased number of children served.

EIS is continuing to study the efficacy of state social work positions located in private POS programs as compared to funding POS programs to hire their own social workers.

Goal: 90% of EIS direct service positions are filled.

The EIS has 43 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Service Unit program managers and supervisor, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of September 2003, 37 of the 43 direct service positions, or 86%, were filled. However, by mid-September, the Psychologist VI position was filled, increasing the percentage filled to 88%. Recruitment continues for the vacant positions.

The following table provides information on the direct service positions statewide and by island:

Table 7. EIS Direct Service Positions by Island, as of September 2003.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	32*	89%*	Psych VI – 1*, PT III – 1, SPED IV – 1, SLP IV - 1
Hawaii	7	5	71%	OT III - 1, SLP III - 1 (@ 0.5 FTE)
Total	**43**	**37**	**86%***	

Note: OT = occupational therapist; PT = physical therapist; SPED = special education teacher; SLP = speech-language pathologist; Psych. = psychologist.

*As of October 9, 2003 the Psych. VI position was filled, which increased the proportion filled on Oahu to 92% and statewide to 88%.

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. These contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of the enrolled children exceed the capacity of the staff.

In the most recent Request for Proposal (RFP) process for early intervention POS providers, an additional contract was funded to support the increased growth in the Kapolei/Ewa areas. Once fully operational, this new program will provide services to children and families currently being served by fee-for-service providers, as well as care coordination.

EIS has developed a Vision Workgroup to review service options to better meet the needs of the increasing number of infants and toddlers with developmental delays. The workgroup membership is being reviewed to ensure it includes family and community representatives. The next meeting is being planned for the last week in October. The goal is to serve all children and their families through public or private early intervention programs, rather than the current system of serving children with multiple delays at early intervention programs and children with single delays by fee-for-service providers. It is expected that a new RFP will be developed and disseminated in this current calendar year to expand the number of POS programs on Oahu and reduce the reliance on fee-for-service providers.

With the new billing system operational as of July 2003 that reimburses POS programs on an hourly basis based on the provider (e.g., SLP, PT, OT, etc.), data are being collected that more thoroughly describes the service needs of the children and families served by POS programs. Combining this POS data with the cost data of the fee-for-service providers will allow for more accurate projections of the service needs for infants and toddlers with developmental delays and their families throughout Hawaii.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS has 53 administrative positions statewide. These positions include unit supervisors and specialists in the areas of contracts, internal service testing, public

awareness and training; computer support staff, accounting staff, and clerical and billing staff. Also included in the count of administrative positions are the Social Worker V who supervises the Family Centered Services Unit social workers who provide care coordination, the two Social Worker II positions who are responsible for the Hawaii Keiki Information Service System (H-KISS), the Social Worker IV on the island of Hawaii who supervises the 7 Hawaii social workers, and the unit supervisor and managers of the Early Childhood Services Programs. New positions included in Table 8 are the recently approved and funded five Child & Youth Specialist IV positions to support quality assurance activities statewide, including networking with the DOE Complexes for sustainability. At the end of September 2003, 46 of the 53 administrative positions, or 87%, were filled. The percentage decreased from the previous quarter with the addition of the five newly funded positions. Of the original 48 positions (not including the new positions) 46 or 96% were filled.

Interviews for the C&Y IV positions for Quality Assurance were completed on all islands by October 10, 2003. One of the three Oahu positions started October 24, 2003. The two remaining positions have start dates of mid-November 2003. The Maui position also has a start date of mid-November. The Hawaii position has not yet been selected. However, with the addition of these four individuals who have accepted, but not yet started, the number and percentage of filled positions increases to 45 out of 47 or 96% on Oahu, 1 out of 1 or 100% on Maui, and 50 out of 53, or 94% statewide. The following table provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of September 2003.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	47	42*	89%*	SW II (for H-KISS), Acct.-Clerk II, C&Y IV (3)*
Hawaii	5	4*	80%	C&Y IV*
Maui	1	0*	0%	C&Y IV*
Total	**53**	**46***	**87%***	

Note: C&Y = Child & Youth Specialist.

* Five of the vacant positions are the newly funded C&Y IVs. Three Oahu positions will be filled during Oct.-Nov. 2003, which increases the proportion filled to 96% on Oahu; the Maui position will be filled Nov. 2003, which increases the proportion filled to 100%, and 94% statewide.

Upon completion and approval of the required EIS reorganization concept paper, recruitment for the following newly approved positions will begin: a Public Health Administrative Officer (PHAO) to support budgetary and contractual responsibilities; 2 clerical staff to support the increased number of administrative positions; 4 billing clerks to support the Early Intervention Carveout requirements; and a coordinator and clerk-typist for the Newborn Hearing Screening Program (NHSP). Many responsibilities of these positions are currently being met with the support of the FHSD PHAOs, approved overtime compensation for some EIS staff, and the use of federal funds to support NHSP.

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor, registered professional nurse, research statistician, and other specialists in the areas of quality assurance, data management, and contract management. There is also clerical and billing staff. At the end of September 2003, the registered professional nurse position became vacant, resulting in 89% of the Healthy Start administrative positions being filled. Healthy Start will be advertising for this position, and anticipates hiring by the end of the second quarter.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

The "weight" is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitoring" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is critical to ensure that the program social worker has the time to collaborate with the care coordinator.

EIS intends to review and update the weighted caseload to ensure that it continues to be appropriate. The previous determination was done in 1999.

Table 9 provides information on the percentage of social workers, by island, who have a weighted caseload of no more than 1:45. Data is provided on 39 positions, which includes 36 of the 38 filled DOH EIS social worker positions from Table 6 (not included is 1 Oahu position filled during September, but is going through training and does not yet have a caseload, and 1 Maui position just returned from leave and does not yet have a caseload), and the additional 3 POS positions funded via the POS contracts--Maui (Imua), Molokai (Ikaika), and Oahu (Salvation Army). The position funded for the new Kapolei program is not included as that person is not yet hired. Of the 39 positions, only 19, or 58%, had weighted caseloads not more than 1:45.

Table 9. Social Work Positions (DOH and POS) with Weighted Caseloads Not More than 45, by Island, as of September 2003.

Island	# Social Workers Providing Care Coordination as of September 2003	Number with Weighted Caseload No More than 45	Percent with Weighted Caseload No More than 45
Oahu	24*	10	42%
Hawaii	7	7	100%
Maui & Lanai	4**	0	0%
Kauai	3	2	67%
Molokai	1	0	0%
Total	**39**	**19**	**58%**

* This does not include the 1 Oahu position that was filled in September but does not yet have a caseload due to training. This does, however, include the position at the Salvation Army POS program.

** This does not include the DOH Social Worker IV who recently returned from leave and does not yet have a caseload.

The low percentage with the appropriate caseload is due to various factors, including: vacant positions; a newly hired position whose incumbent is going through training and does not yet have a caseload, and a recently returned social worker also without a caseload.

Table 10 shows the projected caseloads when all the care coordinator positions are filled and providing care coordination.

Table 10. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Weighted Caseload*	Average Weighted Caseload (Projected)
Oahu	30**	27.25	1383.00	51
Hawaii	7***	7.00	230.25	33*
Maui & Lanai	6	5.25	242.25	46
Kauai	3	3.00	133.00	41
Molokai	1	.50	54.75	109.5
Total	**47**	**43**	**2,043.25**	**47.5**

* Total weighted caseload as of September 2003.

** The Kapolei position is not included as the program did not have a caseload as of the end of September.

*** There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, and North Hawaii.

As can be seen in Table 10, the main concern is the care coordination ratio on Oahu and Molokai. Because of the complexity of the families served in Molokai, the majority of the children and families served are considered "intense," which increases their weight. Should this trend continue, additional funds can be added to the POS contract to fund a 1.0 FTE position instead of a 0.5 FTE position.

The new Kapolei POS program has been provided funds for a care coordinator position. As this new program assumes responsibility for both direct service and care coordination in the Kapolei/Ewa areas, it is expected that the Oahu care coordination ratio will decrease, specifically at the Leeward ECSP and EIS Unit. The issue of care coordination ratio will be included as a topic of importance in the vision workgroup previously referred to in the section on direct service providers. Similar to the situation on Molokai, there may be a need to increase POS contracts to include additional social work positions in order to lower the EIS Unit ratio. Caseload and ratio data will continue to be monitored over the next quarter to ascertain the impact of the Kapolei program on other Oahu programs.

PHNs also provide care coordination to infants and toddlers with special needs, specifically those with medical concerns. The December 2002 child count showed that the PHNs provided care coordination to 522 infants and toddlers with special needs. The numbers of infants and toddlers requiring care coordination from PHNB has increased over the past three years (based upon Dec. 1 child counts for 2000-2002) as follows: 12/1/00 = 494; 12/1/01 = 510; 12/1/02 = 522). Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided by EIS for July - September 2003 impacted 370 early interventionists, community preschool and DOE Student Support Coordinators.

Training to all early intervention providers on IDEA, Part C requirements continues. The training content includes IFSP issues, timeline requirements, service delivery options, natural environments, teaming, and transition. The formal orientation is a 3-day process to thoroughly cover the above topical areas. The following is a list of training topics and number of attendees:

- **Early Intervention Awareness.** Presentations were made to 53 community providers, including 30 from the Alu Like: Pulama I Na Keiki Traveling Preschool.

- **Early Intervention Orientation, Day 1: Part C and Hawaii's Requirements.** Day 1 of the 3-day training focuses on Individuals with Disabilities Education Act (IDEA) Part C, Hawaii's implementation of IDEA, the family-centered philosophy, and communication skills with families. Attendees included EIS, Kona ECSP, United Cerebral Palsy, KMC Early Intervention Programs, and PHN staff. A total of 57indivuduals attended these trainings.

- **Early Intervention Orientation, Day 2: IFSP and Care Coordination.** Day 2 of the 3-day training includes IFSP development, care coordination and information on natural environments. Twenty-nine EIS and PHN staff attended these trainings.

- **Early Intervention Orientation, Day 3: Transition.** Day 3 of the 3-day training includes information on transdisciplinary service provision, teaming, and transition. Eight EIS staff attending this training. In addition to this full-day training, workshops on transition between early intervention and DOE Preschool Special Education were held for 36 DOE Student Support Coordinators.

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 3 trainings on practical approaches to supporting children with challenging behaviors that impacted 30 individuals. Attendees included preschool teachers at Calvary Preschool, Pearl Harbor Naval Station Child Development Center and Iroquois Point Child Development Center.

- **The Social, Emotional, and Behavioral Development of Infants and Toddlers.** The Keiki Care Project Coordinator provided 3 trainings to 20 preschool teachers at the Pearl Harbor Naval Station Child Development Center and Iroquois Point Child Development Center.

- **Inclusion.** The Keiki Care Project Coordinator and the Inclusion Coordinator provided presentations and technical assistance involving children with special needs in community preschools. Presentations and technical assistance was provided to 35 preschool teachers at the Good Samaritan Preschool, Iroquois

Point Child Development Center, and the Hawaii Baptist Early Childhood Association. A training at the Kauai Chapter of the Hawaii Association for the Education of Young Children impacted 12 preschool and Head Start teachers. In addition, there was a presentation to 8 students in a University of Hawaii Special Education course.

- **Service Testing.** Eight EIS staff attended a training on the internal review process. As a result of this training, they will be mentored during internal reviews this quarter, and based on their abilities, will become lead reviewers for children in early intervention programs.

- **Other Trainings.** A training on substance abuse, safety, and the use of the ecological survey was presented to the EIS statewide team of DOH social workers. Thirty-seven attended. A presentation to a University of Hawaii Special Education course on assistive technology impacted 20 students. In addition, bi-monthly meetings of public and private early intervention program managers, EIS unit supervisors, and Social Worker IVs are held to discuss issues related to best practices, transition, issues of concern, potential changes in reporting data, etc. The August meeting was attending by 25 individuals.

Early intervention brochures were given to "Read To Me International Foundation," a private, non-profit agency headquartered in Honolulu, for inclusion in hospital birth packets. The foundation, created in 1997, was a result of a partnership between the Governor's Council for Literacy and Lifelong Learning and the Rotary Club of Honolulu Sunrise. Because of the foundation's focus on developing literacy, EIS contacted them to include information on early intervention in their packets. EIS is currently providing the foundation with 3000 brochures quarterly.

Healthy Start

This biennium a new POSP, People Attentive to Children, was awarded the training contract. A major focus in the first quarter of fiscal year 2004 has been on implementing a train-the-trainer model, which must be certified by Healthy Families America (HFA). The national HFA office encourages states to develop in-state training teams to best meet the ongoing training needs of the sites in their state. The Train the Trainers Institute facilitates this process. HFA credentialing has also been a requirement of POSP in the past. Credentialing involves receiving training from a HFA certified trainer. The new contractor was able to start immediately on this process and has accomplished many of the requirements set forth by HFA in a shorter than usual timeline. In addition, the POSP has been working closely with the Training Committee (comprised of several Directors of POSP agencies) on developing a new training model, reviewing curriculum and establishing new standards and outcomes for training.

The following training was completed by the training POSP as part of the goal to be come HFA certified trainers for Family Support Workers (FSW) and Family Assessment Workers.

- **Train the Trainers Institute:** The Institute is a seven-day comprehensive training that provides the skills necessary to communicate the HFA vision, assist in local program implementation and put the critical elements into practice. After

completing the Institute, trainers are evaluated in the classroom by experienced trainers a minimum of two times. This rigorous training process ensures that the integrity of the HFA program remains intact. The new POSP sent three people to this training in Chicago, Illinois the first full week of July 2003.

The following training was provided for Healthy Start program staff under the Healthy Start Training Contract.

- **Intensive Role Specific Training for Family Support and Family Assessment Workers:** This training covers the core tasks and responsibilities of the family support worker and the family assessment worker positions according to HFA standards. A Clinical Manager, a Program Manager, a Child Development Specialist, and a Clinical Specialist also attended. In addition, 3 new FSW Clinical Supervisors also attended a fifth day covering the basic aspects of FSW supervision. A weeklong training was the last week of August and the second week of October.

Quality Assurance

Early Intervention Section

The EIS approach to quality assurance is that through a variety of specific activities (described below), the State is assured that all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs. In addition, all services are provided in conformance with federal IDEA Part C and state requirements. Quality assurance activities include an internal Program Improvement Process (PIP), on-site programmatic monitoring, and internal reviews. Following is information on each area:

1. **Internal Program Improvement Process.** Based on a thorough review of program activities and feedback from staff and the community, each public and private early intervention program develops an internal program quality assurance plan to support program improvement. There is a 3-part process that results in the development of the Improvement Plan.

    - Survey Completion. Family members, care coordinators, and direct service providers are surveyed regarding their satisfaction with the program's services and supports. Survey questions were developed to be consistent with IDEA Part C and program contractual requirements.
    - Self-Assessment. Program staff completes a Program Self-Assessment to identify areas of strength and those that need improvement. Self-assessment questions were developed to be consistent with IDEA Part C and program contractual requirements. Information gained from the survey results are taken into consideration in completing the self-assessment.
    - Improvement Plan. Based on the Self-Assessment, an Improvement Plan is developed that identifies the improvements needed, lists strategies to accomplish the improvements, persons responsible, resources available

and needed, and timelines for completion. Each plan is reviewed and approved by EIS.

To date, 13 of the 16 early intervention programs have completed their Improvement Plans. The Improvement Plans are reviewed in conjunction with the on-site monitoring as the plans provide information on the areas of strength and need already identified by program staff. For the programs that have not completed the PIP, an action item is included in the monitoring report that the PIP must be completed.

2. **On-Site Monitoring.** EIS has state teams to monitor all early intervention programs (both DOH and POS programs) statewide. Monitoring includes:

   - Program & Contractual Requirements. Each agency's policies and procedures are reviewed to evaluate whether they are consistent with program and contractual requirements as well as federal standards (e.g., Occupational Health and Safety Administration standards, American with Disabilities Act, drug-free policies, etc.). A sample of personnel records and security/storage protocol of confidential information are reviewed.

   - IDEA, Part C Requirements. A sample of child charts are evaluated on a variety of indicators including: meeting IDEA timelines; inclusion of evaluation reports, complete IFSPs, consents, transition activities, progress/anecdotal notes in each chart; and confirmation that information on procedural safeguards was provided to each family. IFSPs are reviewed utilizing a checklist developed by the community OSEP IFSP Workgroup to ensure that they include all required components, including a transition plan if appropriate and completion of transition activities. In addition to the chart review, an "IDEA Requirements Checklist" is completed to determine if programs have policies and procedures consistent with IDEA Part C.

   - Internal Program Improvement Plan. The program's Improvement Plan is reviewed and compared with the monitoring results for consistency. The monitoring report includes information from this plan along with information from the on-site monitoring.

   Monitoring of all early intervention programs was completed in September 2003.

   Areas of strength identified through the monitoring process in most programs included:
   - adequate program policies and procedures
   - increasing the provision of services in natural environments
   - meeting evaluation and Initial/Review IFSP timelines
   - providing comprehensive developmental evaluations (for children served through ECSP & POS programs)
   - appropriate chart documentation

Areas that need improvement included:

- having complete IFSPs
- providing comprehensive developmental evaluations (for children provided care coordination from the EIS Care Coordination Unit)
- meeting transition requirements
- understanding what should occur when a child transfers between early intervention programs
- having sufficient staff. It was found that stability of both service providers and the Program Manager position was vital to a well-functioning program.

Because of the identified need relating to transition, the PHN Section Supervisors and the DOE Preschool Special Education Coordinators were invited to the October Program Managers Meeting (which is held bi-monthly) to discuss how to support successful transitions between early intervention and preschool special education. Guidelines on transferring children between early intervention programs and information to support the transdisciplinary model of service delivery was also developed and discussed.

As discussed above in Training Opportunities, all early intervention programs are participating in training on IDEA Part C requirements. It is expected that when charts are monitored next year, there will be an increased number of strengths and a decreased number of needs.

3. **Internal Reviews.** Internal Reviews (which utilize the Felix Service Testing protocol) provides the opportunity for an objective observation of a child's progress and to what extent the system supports the child and family.

   EIS will continue to fully participate in the internal review process and will include an early intervention child in all complex reviews. The only reason for participation not to occur is if there are no Part C eligible children in a specific complex, or if the families of children in the complex do not consent to be reviewed. As noted in the previous section, an additional training was provided to early intervention staff to increase the number of available reviewers. Internal reviews for the 2003-2004 school year started in October 2003.

Filling the 5 Quality Assurance Specialists (described in the Administrative Personnel section) will support the increased quality assurance activities of EIS. They will be geographically located to support the on-site monitoring of ECSP and POS early intervention programs, support the programs' development of the Improvement Plans, participate in internal reviews, and provide training as requested.

Healthy Start

All EID protests have been resolved and transition activities completed. The new POSP for O'ahu, Child and Family Service (CFS), implemented immediately upon contract award many of the strategies that were successful with their Kauai site. In addition, the EID Committee finalized a standardized Quality Improvement Plan (QIP) that includes existing reports, such as the Felix monthly report, along with related changes to quarterly report formats that will be implemented the second quarter of fiscal year 2004.

The Healthy Start program office also worked during this quarter to improve practices around EID activities and to obtain compliance with the privacy component of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, which impacted both hospitals and the Department of Health Family Health Services Division (FHSD). The privacy provisions of HIPAA limit the use and release of individually identifiable health information, restrict most disclosure of health information to the minimum needed for the intended purpose, and establish safeguards and restrictions regarding disclosure of records for certain public responsibilities. FHSD/Healthy Start staff collaborated with the Privacy sub-committee of the Health Care Consortium to standardize policy, procedure, and related forms. All Hawai'i hospitals participated with the exception of Kaiser Permanente. After considerable negotiation with the Department of Health's HIPAA Compliance Officer, an individual agreement is nearing completion. Upon completion, Oahu CFS EID staff will again be allowed access to families of newborns at Kaiser Permanente hospitals. The standardized policies and procedures for screen/assessment protocols maintaining privacy compliance under HIPAA were recently implemented and monitoring has begun. Data on the impact on the program will be available during the second quarter.

Funding

Early Intervention Section

A total of $7,694,737 in state funds was appropriated for FY 2003 and $8,064,737 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). A total of $8,704,521 was both appropriated and allocated for FY 2004. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
Fiscal Year 2003			
1st quarter – July-Sept. 2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	7,189,111
4th quarter – Apr.-June 2003	1,079,509	8,064,737	8,199,260**
Fiscal Year 2004			
1st quarter – July-Sept. 2003	5,110,381	5,110,381	5,273,077***
2nd quarter – Oct.-Dec. 2003	1,382,500	6,492,881	
3rd quarter – Jan.-Mar. 2004	1,105,000	7,597,881	
4th quarter – Apr.-June 2004	1,106,640	8,704,521	

* Source: Financial Accounting and Management Information System (FAMIS) report.
** Information as of 6/30/03, which was updated 7/29/03.
*** Information as of 10/08/03.

In addition to state funds, EIS received federal Part C funds of $2,043,288 in FY03 to support the provision of early intervention services. Federal Part C funds increased to $2,127,667 for FY04.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal Year 2003			
1st quarter – July-Sept. 2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,598,267
4th quarter – Apr.-June 2003	241,176	2,043,288	2,043,288*
Fiscal Year 2004			
1st quarter – July-Sept. 2003	1,029,505	1,029,505	665,674**
2nd quarter – Oct.-Dec. 2003	384,000	1,413,505	
3rd quarter – Jan.-Mar. 2004	387,500	1,801,005	
4th quarter – Apr.-June 2004	325,662	2,127,667	

* Information as of 10/13/03 from ASO
** Information as of 10/8/03 from FAMIS Report

The cost of providing services, via POS contracts and fee-for-service providers for FY 03 totaled $5,504,851 (as of 10/1/03). A total of $4,100,321 in state funds and $548,772 in federal Part C funds were appropriated, which was $855,758 less than the cost of providing services. The additional expenses were paid by FY 02 and FY 04 state funds and additional federal Part C and other federal funds. Because of the increase in expenses for early intervention services, EIS closely monitors funds spent, and meets quarterly with FHSD to discuss the cost of services. If necessary, the DOH will request additional resources for FY 04 and 05 through the emergency and supplemental budget process.

Healthy Start

In FY 2003, a total of $21,689,277 in state funds was appropriated and $21,721,338 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). In FY 2004, a total of $19,217,620 in State and Tobacco funds were appropriated and allocated. State funds were reduced $2.5 million due to the decreased need for POSP contract funds. In addition, $5,336,023 of State funds were replaced with Tobacco funds. The following table shows allocations and expenditures/ encumbrances:

Table 13. Healthy Start Allocations and Expenditures/Encumbrances

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal year 2003 [4]			
1st quarter – Jul.-Sept. .2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	17,676,073 [2]
4th quarter – Apr.-June 2003	88,115	21,721,338	17,235,920 [2]
Fiscal year 2004 [5]			
1st quarter – Jul.-Sept. 2003	18,882,063	18,882,063	14,153,717 [3]
2nd quarter – Oct.-Dec. 2003	161,188	19,043,251	
3rd quarter – Jan.-Mar. 2004	87,185	19,130,436	
4th quarter – Apr.-June 2004	87,184	19,217,620	

[1] Source: FAMIS report.
[2] POS contracts were adjusted due to lower expenditures.
[3] Information as of 8/31/03.
[4] State funds.
[5] State funds ($13,881,597) + Tobacco funds ($5,336,023).

Summary

Strengths in the early intervention system from July through September 2003 include:

- ⇨ Increased enrollment for both infants and toddlers with developmental delays and environmental risks.
- ⇨ Continuation of training early intervention providers to ensure they are both knowledgeable of IDEA Part C and are following federal and state mandates in serving Part C eligible infants and toddlers. Also training PHN and Healthy Start trainers so they can train their own state and private providers.
- ⇨ Completion of on-site monitoring.
- ⇨ Completion of the interview process for all QA positions, and tentative start dates for 3 of the 5 positions.
- ⇨ The development of a new billing system for POS programs that will provide more comprehensive data on the cost and service needs of infants and toddlers with developmental delays and their families.
- ⇨ The development of a Vision Workgroup to recommend system changes to support best practices in meeting the needs of infants and toddlers with developmental delays and their families.
- ⇨ DOH monitoring of early intervention allocations and expenditures, to identify funding needs and support requests for additional funds to serve increased numbers of infants and toddlers with developmental delays.
- ⇨ Dedicated administrative and direct service staff in the EIS administrative office and public and private early intervention programs to support infants and toddlers with developmental delays and their families.
- ⇨ The on-going collaboration between public and private programs statewide to support the needs of eligible children and their families.